

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09776423
APPLICANT(S)

FILING DATE
02-02-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51						
2		✓					52						
3		✓					53						
4		✓					54						
5		✓					55						
6		✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10		✓					60						
11	✓	✓					61						
12		✓					62						
13		✓					63						
14		✓					64						
15		✓					65						
16		✓					66						
17		✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
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23	✓	✓					73						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	↓	↓	↓	↓	TOTAL IND.	↓	↓	↓	↓	↓	↓
TOTAL DEP.	21	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	24						TOTAL CLAIMS						

BEST AVAILABLE COPY

CLAIMS ONLY

SERIAL NO.

09 776 423

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	24					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY